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TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. JAN WASH, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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DIVISION OF CORPORATION

Examiner's Initials MC

12/31/96

MARY JO RIVERO, P.A.
ATTORNEY AT LAW
12333 N.W. 18TH STREET, SUITE 5
PEMBROKE PINES, FLORIDA 33026-4388
(954) 704-9332
FAX: (954) 438-2885

December 30, 1996

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: J.A.M. Wash, Inc.

Gentlemen:


Enclosed please find for filing, Articles of Incorporation for the above referenced corporation, together with check in the amount of \$122.50, representing the following:

Filing Articles of Incorporation	\$ 35.00
Designation and Acceptance of	
Registered Agent	35.00
Certified Copy Fee	52.50
 TOTAL	 \$122.50

Please return a certified copy of Articles of Incorporation to the undersigned. Photocopies of same and a self-addressed stamped envelope are enclosed for this purpose.

If you have any questions regarding the foregoing, please do not hesitate to contact the undersigned.

Sincerely,


Mary Jo Rivero
For the Firm

Encl.

cc: Mr. Joseph Marino

**ARTICLES OF INCORPORATION
OF
JAM WASH, INC.**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I. NAME

The name of the corporation shall be J.A.M. Wash, Inc.

ARTICLE II. PRINCIPAL OFFICE

The principal place of business address of this corporation shall be:

8925 Collins Avenue, #2D
Surfside, FL 33154

and the mailing address of this corporation shall be:

8925 Collins Avenue, #2D
Surfside, FL 33154

ARTICLE III. CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: one hundred (100) shares of common stock, \$1.00 par.

ARTICLE IV. INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Joseph Marino
8925 Collins Avenue, #2D
Surfside, FL 33154

ARTICLE VI. INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

Joseph Marino
8925 Collins Avenue, #2D
Surfside, FL 33154

The undersigned has executed these Articles of Incorporation this 29th day of November, 1996.

Joseph Marino
Joseph Marino, Incorporator

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Sec. 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the State of Florida.

1. The name of the corporation is: **J.A.M. Wash, Inc.**
2. The name and address of the registered agent and office is:

Joseph Marino
8925 Collins Avenue, #2D
Surfside, FL 33154

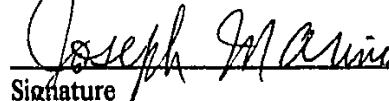
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Joseph Marino, President

Date: 11/29/96

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.


Signature

Date: 11/29/96